

Table of Benefits - IND (DXB and NE)								
Insurance Plan	Plan 1	Plan 2	Plan GN Limited	Plan 3	Pian 4	Plan 5		
Terrkorial Scope of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide		
Aggregate Annual Limit	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million		
Medical Network	NEXTCARE GN+	NEXTCARE GN	NEXTCARE GN- Excluding Mediclinic- Al Zahra Hospital - Suleiman al Habib group pf providers	NEXTCARE RN	NEXTCARE RN2	NEXTCARE RN3 (Out-patient is restricted to Clinics Only)		
Room type	Private	Private	Private	Private	Private	Semi-Private		
Parent Accommodation for child under 18 years of age	AED 450 / day	AED 400 / day	AED 400 / day	AED 350 / day	AED 250 / day	AED 150 / day		
Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.	AED 450 / day	AED 400 / day	AED 400 / day	AED 350 / day	AED 250 / day	AED 150 / day		
Home Nursing following inpatient treatment	Covered (on reimbusement) up to Maximum AED 7,500 per person per annum	Covered (on reimbusement) up to Maximum AED 7,500 per person per annum	Covered (on reimbusement) up to Maximum AED 7,500 per person per annum	Covered (on reimbusement) up to Maximum AED 5,000 per person per annum	Covered (on reimbusement) up to Maximum AED 5,000 per person per annum	Not covered		
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered	Covered	Covered	Covered	Covered	Covered		
Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay	Default: 201/max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: NII copay		
Prescribed Drugs & Medicines	Default: Covered up to AED 15,000 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Default: Covered up to AED 10,000 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Default: Covered up to AED 10,000 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Default: Covered up to AED 7,500 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Default: Covered up to AED 5,000 subject to 15% Co-insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Default: Covered up to AED 5,000 subject to 15% Co-insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)		
Diagonistics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagonistic services)	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nii copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: NI copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay		
Pre-existing & Chronic Conditions Subject to Medical Application Form (MAF) Claims Settlement Basis (after application of Cocaments)	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application from and is subject to medical underwriting Undeclared pre-existing conditions with one covered during the policy period and will be underwritin	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application from and is subject to institute underwriting Undeclared pre-existing conditions with one covered during the policy period and will be underwritten at remeat.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application from and is subject to medical underwriting. Undeclared pre-existing conditions with one covered during the policy period and set the underwritten at reviewal.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application from and is subject to institute understiming. Undestand pre-existing conditions with one covered during the policy period and with be understimen at revenue.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application from and is adject to medical underwriting Undeclared pre-existing conditions with not covered during the policy period and will be underwritten at revenual.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application form and in adapt to medical undestinging Undeclared pre-existing conditions will not be overeald furing the policy period and will be underefficien at netweek.		
Claims detailment date (after application of Copayments) Within the Network	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.		
Outside the Network in Countries where NEXTCARE is not present	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less		
Outside the Network in Courtries where NEXTCARE is present	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Relimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usua & customary rates of the network, whichever is less		
Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company	Covered on Reimbursement up to AED 300 per night and a maximum of 10 nights. The Cash Indemrity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.	Covered on Reimbursement up to AED 300 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.	Covered on Reimbursement up to AED 300 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.	Covered on Reimbursement up to AED 250 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.	Covered on Reimbursement up to AED 250 per night and a maximum of 10 nights. The Cash Indermity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.	Covered on Reimbursement up to AED 200 per right and a maximum of 10 rights. The Cash Indiamity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.		
Vaccination for Children (as per DHA policies & its updates) includes the vaccinations and inoculations for newborns Cancer Treatment	Inside Network: 100% of Actual Cost Outside Network: Covered on Network UCR Rates	Iraide Network: 100% of Actual Cost Outside Network: Covered on Network UCR Rates	Inside Network: 100% of Actual Cost Outside Network: Covened on Network UCR Rates	Inside Network: 100% of Actual Cost Outside Network: Covered on Network UCR Rates	Inside Network: 100% of Actual Cost Outside Network: Covered on Network UCR Rates	Incide Network: 100% of Actual Cost Outside Network: Covered on Network UCR Rates		
Screening, Healthcare Services, Investigations and Treatments as per DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA		
Hepathis B & C Virus Screening and Treatment Screening, Healthcare Services, Investigations and Treatments as per DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA		Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA		
Influenza Vaccine	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only		
Adult Pneumococcal Conjugate Vaccine	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines		
Shingrix Vaccine	Covered only for members satisfying the eligibility criteria set by DHA. Limited to the cost of the vaccine and its administration only	Covered only for members satisfying the eligibility criteria set by DHA. Limited to the cost of the vaccine and its administration only	Covered only for members satisfying the eligibility criteria set by DHA. Limited to the cost of the vaccine and its administration only	Covered only for members satisfying the eligibility criteria set by DHA. Limited to the cost of the vaccine and its administration only	Covered only for members satisfying the eligibility criteria set by DHA. Limited to the cost of the vaccine and its administration only	Covered only for members satisfying the eligibility criteria set by DHA. Limited to the cost of the vaccine and its administration only		
Preventive services as stipulated by DHA to include initially diabetes screening	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations		
Physiotherapy (Subject to pre-approval)	20 sessions per member per annum	20 sessions per member per annum	20 sessions per member per annum	15 sessions per member per annum	10 sessions per member per annum	8 sessions per member per annum		
Diagnostic and treatment services for dental and gum treatments (Emergency cases Only) Desid emergency is any rijery to your less for game that corporation at a risk of personent drawge, such as Chipped or breakments. Workside on the Sind-Reas informs and etc.	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance		
Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only) Hearing Emergence include (Septimed in the ser, repeate earthur, audien hearing bus served. Vision Emergencies include beading or going thin or award the sys, dubble vision and Loss of vision, total or partial, one eye or both ex.	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 2016 coinsurance	Covered subject to 20% coinsurance		
Psychiatric Treatment	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10.0001-per person per annum. 2016 coinsusance payable by the insured per visit for Out-Patient services. No coinsusance is applicable for follow-up visits made within seven days.	hr-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000- per person per annum. 20% coinsusance payable by the Insured per visit for Out-Patient services. No coinsusance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsusance payable by the insured per visit for Out-Patient services. No coinsusance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergancy cover up to a maximum of AED 10,000 ¹ per person per annum. 20% consusance payable by the insured per visit for Out-Patient services. No coinsusance is applicable for followup visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000 ¹ - per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- person per arnum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days		
Organ Transplant	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost. Organs covered are: heart, lung, lidney, pancreas, liver, Allogeneic & autiliosus bone marrow.	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the a copiation and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologius bone marrow.	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost. Organ cost. Organs covered are: heart, lung, lidney, pancreas, liver, Allogeneic & autolocous bone marrow.	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost. Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autoloous bone marrow.	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost. Organs covered are: heart lung, kidney, pancreas, liver, Alogeneic & autoloous bone marrow.	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.		
Kidney Dialysis Treatment Coverage for hemodialysis or peritorneal dialysis	Covered up to Maximum AED 60,000 per person per annum, inclusive of 20% colinsurance	Covered up to Maximum AED 60,000 per person per annum, inclusive of 20% coinsurance	Covered up to Maximum AED 60,000 per person per annum, inclusive of 20% coinsurance	Covered up to Maximum AED 60,000 per person per annum, inclusive of 20% coinsurance	Covered up to Maximum AED 60,000 per person per annum, inclusive of 20% coinsurance	Covered up to Maximum AEO 60,000 per person per annum, inclusive of 20% coinsurance		
Repatriation of Mortal Remains to Home Country	Covered up to Maximum AEO 20,000 per person per annum settled on Reimbursement basis with no co-pay	Covered up to Maximum AED 15,000 per person per annum settled on Relimbursement basis with no co-pay	Covered up to Maximum AED 15,000 per person per annum settled on Reimbursement basis with no co-pay	Covered up to Maximum AED 10,000 per person per annum settled on Relimbursement basis with no co-pay	Covered up to Maximum AED 10,000 per person per annum setfled on Relimbursement basis with no co-pay	Covered up to Maximum AED 5,000 per person per annum settled on Reimbursement basis with no co-pay		
Second Medical Opinion	This benefit gives members access through the Lumi mobile application to world renowned providers to re-evaluate their earlier diagnosis, medical history and treatment plan for non-emergency cases.	This benefit gives members access through the Luni mobile application to world renowned providers to re-evaluate their cartler diagnosis, medical history and treatment plan for non-emergency cases.	This benefit gives members access through the Lumi mobile application to world renowned providers to re-evaluate their earlier diagnosis, medical history and treatment plan for non-emergency cases.	Not Covered	Not Covered	Not Covered		
Symptom Checker	This benefit gives members access through the Lumi mobile application to a tool that uses artificial intelligence algorithms to anonymously analyze the member's symptoms and medical history to suggest the most probable diagnosis and route of care.	This benefit gives members access through the Lumi mobile application to a tool that uses artificial intelligence algorithms to ancorymously analyze the member's symptoms and medical history to suggest the most probable diagnosis and route of care.	This benefit gives members access through the Lumi mobile application to a boll that uses artificial intelligence algorithms to anonymously analyze the member's symptoms and medical history to suggest the most probable diagnosis and route of care.	This benefit gives members access through the Lumi mobile application to a tool that uses artificial intelligence algorithms to ancorymously analyze the member's symptoms and medical history to suggest the most probable diagnosis and route of care.	This benefit gives members access through the Lumi mobile application to a tool that uses artificial intelligence algorithms to anonymously analyze the member's symptoms and medical history to suggest the most probable diagnosis and route of care.	This benefit gives members access through the Lural mobile application to a tool that uses artificial intelligence algorithms to anonymously analyze the member's symptoms and medical history to suggest the most probable diagnosis and route of care.		
to patient maximity services for married females (requires prior approval from the instructive company or within 24 hours of entergency resultants). Subject to Medical Application Form (MAF)	Covered subject to 10% colonurance, up to AED 20,000, In case of any condition developing into an emergency, the medically necessary superses with occovered job to the annual aggregate first. Programicy after ad application should be decided in the medical Programicy after and application should be decided in the medical Undeclared Programicy at time of application will not be covered during the policy period and will be underwritten at remeal if needed.	Covered subject to 10% colorazanos, up to AED 20,000, in case of any condition developing risk an emergency, the medically recessary sepones will be covered up to the annual agregate final. Programsy at the origination should be deticed in the medical Programsy at the origination should be deticed in the medical Undeclared Programcy at time of application will for the covered during the policy period and will be undernifiers at renewal if needed.	Covered subject to 10% colonarance, up to AED 20,000, in case of any condition developping into an emergency, the medically necessary superiors will be covered up to the annual aggregate limit. Programicy at mit of application should be clicked in the medical Programs of the objection should be clicked in the medical Undeclared Programcy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.	Covered subject to 10% colourance, up to AED 12,000, in case of any condition developing rist on emergency, the medically necessary sepresses will be convened up to the annual agregates limit. Pregramely after or application should be desired in the medical Pregrament and explactions should be desired in the medical Undeclared Pregramcy at time of application will not be covered during the policy general and will be underwritten at renewal if needed.	Covered subject to 10% colourance, up to AED 12,000, in case of any condition developing risk an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Programy at time of application hoteld the force of the medical Programs of the organization of the organization of the product of the medical Undeclared Programs at time of application will not be covered during the policy period and will be underwritten at renewal if receded.	Covered subject to 10% colesurance, up to AED 10,000. In case of any condition developing rist an emergency, the medically recessary expenses will be covered up to the surroal aggregate limit. Pergenucy at time of aggre		

Out-patient maternity services for married females: Mital Investigations to include FIG and Plateters, Scool group, Rhesus states and arthorists, VIOIL, MISH or unshayis, Rubells servicey, HV, Hep C (for high risk patients), OTT (if high risk), FISH, random or Art. Mish to Wholder views, checkes and less ha accordance with DHA (Subject to Medical Application Form (MAF)	Covered subject to 10% coinsurance, and a maximum of 15 visits and 8 arele realst ultrasound scares Pregnancy at time of application should be destance in the medical application should be destance in the medical application form and is subject to medical undewriting. Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.	Covered subject to 10% colessrance, and a maximum of 15 violts and 8 ander ental sthasound scarc or 10 personancy street of application brought be declared in the medical application form and is subject to medical understring. Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.	Covered subject to 10% coinsurance, and a maximum of 15 visits and 8 and-enable threshound scano. Pregnancy at time of application house the declared in the medical application form and is subject to medical undewriting. Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.	Covered subject to 10% coinsurance, and a maximum of 12 visits and 6 and Pregnancy at time of application should be declared in the medical application found is subject to medical undesting. Undeclared Pregnancy at time of application will make a covered during the policy period and will be underwritten at renewal if needed.	Covered subject to 10% colessrance, and a maximum of 12 vioits and 6 andie-retal sthrasound scarce in the control of the contr	Covered subject to 10% coinsurance, and a maximum of 10 visits and 4 ante-natal visacound scare. Visacound scare in the control of the contr
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hypothysial)	Cover for 30 days from birth. BCG, Hepatitis B and nec-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyricidism, sickle cell screening, congenital adrenal hypothyricidism, sickle cell screening.	Cover for 30 days from birth. BCG, Hepatitis B and nec-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hypothyroidism, sickle cell screening, congenital adrenal	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hypothyroidism, sickle cell screening, congenital	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hypothysisia)	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Dental benefit Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Arraigam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.	Covered up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Covered up to AED 3,000/- subject to 2016 Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Covered up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Covered up to AED 2,500 ¹ subject to 20% Co-pay in-Network: Direct Billing Out of Network: Relimbursement	Covered up to AED 1,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Covered up to AED 500½ inclusive of 30% Co-pay In-Network: Direct Billing Out of Network: Reimbursement
opical benefit convers the tobusing object of particular conducted for the purpose of obtaining eye glasses, or lenses in the Section of Section (Section of Section	Covered subject to 20% Co ₂ pay and up to AED 1,000 in stall and up the following sub-limits: AED 360 for Firmers on opar pay system AED 250 per pair per system. AED 300 per pair per system AED 300 per pair per signly vision kinses - once per year AED 300 per pair per signly vision kinses - once per year AED 300 for contact forces per year.	Covered subject to 20% Co-pay and up to AED 1 500 in total and up the flowing sub-limits. AED 350 for Firames, on peapir per year AED 250 per pair per single vision feroses - once per year AED 300 per pair per per blocal	Covered subject to 20% Co-pay and up to AED 1,500 in total and up the following site-femits: AED 350 for Finances on ega pay syear AED 250 per pair per single vision femices - once per year AED 300 per pair per follow	Covered subject to 20% Co-pay and up to AED 1,250 in total and up the floating sub-limits. AED 300 for Finanse - one pair per year AED 200 per pair per single vision lennes - once per year AED 250 per pair per bifcoal of through vision lennes - once per year AED 350 per pair per bifcoal of through vision lennes - once per year AED 350 per pair per bifcoal of through vision lennes - once per year	Covered subject to 20% Cop.pay and up to AED 1,000 in total and up the following rob-limits: AED 300 for Finances nogal page year AED 200 per pair per year AED 200 per pair per year AED 250 per pair per single vision intenses - once per year AED 250 per pair per single vision intenses - once per year AED 300 for contact limits per year	Not Covered
Alternative Medicines Ferrapies Covers the following: Aprilhouse, Chicagoster, Chicagoster, and Medicine, and Managostery	Listited to AED 2,200 per person per annum 20% colorations and page 16%. Colorations paged by the Security per 16%. No constrained paged bit if a following per 16%. No constrained as gendential if a follow yet in made within seven days. The claims will be settled on reintrusement basis, and only from providers which are recognized and approved by Nexterna as a lammating perferred providers - refer to Nexterna website for details	The claims will be settled on reimbursement basis, and only from providers	Limited to AED 1.2505 per person per emma 25% colorations paged by this incust per risk. No consumers paged by this incust per risk. No consumers as geglendable if a following valid in made within revent days. The claims will be settled on initiaturament basis, and only from providers have recognized and approved by Netscare as alternative preferred providers - refer to Nextcare website for details.	Limbel or AED 2500 per presen per emme 20% consucreo page le ly es neues per rent. 20% consucreo page le ly es neues per rent. No coincaracreo is appliable la fel following visit in made within seven days. The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by Neutrae as salternative preferred providers - refer to Neutcare website for details	Limited to AED 2.500 per person per annum. 20% colorations pagint by the interest per list. No coinstance pagints by the interest per list. No coinstance is applicable if a following value in made within seven days. The claims will be settled on reintranement basis, and only from providers which are recognized and approved by Necessian as alternative preferred providers - refer to Nextcare website for details	Limited in AED 2,000 per person per annum. 20th consumers payable by the recent der risk. No consumers agriculture of the person per annum. The consumers agriculture is above point in made within seven days. The claims will be settled on reinforwarder basis, and only from providers which are exceptized and approved by Mactazera a standards preferred providers - refer to Nesticare website for details.

ease note that in case benefits full below the minimum required by OHA or the benefit which is not provided in this TOB and is required by OHA, then the cover under the policy will automatically increase/incude the benefit to the same level as requested by OHA

cluded (non-basic) healthcareservices

- 1. Healthcare Services which are not medically necessary.
- 2. All expenses relating to dental prostheses, orthodontic treatments, etc.
- 3. Care for the sake of travelling.
- 4. Custodial care including
- (1) Non-medical treatment services;
- (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the
- Services that do not require continuous administration by specialized medical personnel
- 6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and
- 7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
- 8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, supplies.
- 9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
- 10. Healthcare Services that are not performed by Authorized Healthcare Service Providers
- 11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
 12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
- 13. Treatment and services for contracention.
- 14. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
- 15. External prosthetic devices and medical equipment.

 16. Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
- 17. Growth hormone therapy unless medically necessary.
- 18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
- 19. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
- 20. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment);
 21. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree
- 22. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient
- 23. Healthcare services for adjustment of spinal subluxation.
- 24. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
- 25. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer. 26. Elective diagnostic services and medical treatment for correction of vision.
- 27. Nasal septum deviation and nasal concha resection.
- 28. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A, B and C.
- 29. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
 30. Healthcare services for senile dementia and Alzheimer's disease.
- 31. Air or terrestrial medical evacuation and unauthorized transportation services.
- 32. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
- 33. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
- 34. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
- 35. All supplies which are not considered as medical treatments including but not limited to; mouthwash, toothpaste, lozenges antiseptics, , food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury,
- including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies.

 36. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
- 37. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
- 38. Any expenses related to the treatment of sleep related disorders.
- 39. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

Healthcare services outside the scopeof health insurance (in Emergencycases as defined by PD 02-2017, thefollowing must be covered untilstabilization at minimum)

- 1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type
- 2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
- 3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination
- 4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural
- 5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
- 6. Injuries resulting from a road traffic accident.
- 7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work
- Relations, its amendments, and applicable laws in this respect. 8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
 9. Any investigation or treatment not prescribed by a doctor.
- 10. Injuries resulting from attempted suicide or self-inflicted injuries
- 11. Diagnosis and treatment services for complications of exempted illnesse
- 12. All healthcare services for internationally and/or locally recognized epidemics.
- 13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV AIDS and its complications and all types of hepatitis except virus A, B and C hepatitis.